Effective October 1, 2003														
L	CLAIMS AS FILED - PART I (Column 1) (Column 2)									YITIN	OR.	OTHE	THAN ENTITY	
Ľ	TOTAL CLAIM	S		20	20		·		RATE	FEE	7	RATE	FEE	
F	OR			NUMBER FILED		HOUNE	SEREXTRA		BASIC FE	385.00	ne	BASIC FEE		
F	OTAL CHARGE	ABLE C	LAMS	20 minus 20=		•	-0		X\$ 9=	1 7	1	X\$18=	 -	
IN	DEPENDENT (9 minus 3 =		·	D.			- /-	OR					
M	ULTIPLE DEPE	NDENT	CLAIM P	RESENT		L			X43=	1-/-	OR	X86a		
 	2 If the difference is ordered a laboration								+145=		OR	.+290-		
	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	3864	OR	TOTAL		
li	CLAIMS AS AMENDED - PART II									Carrier		OTHER		
	(Cotumn 1)			(Column 2) MGHEST			(Column 3)		SMALL	ENTITY	OR 1	SMALL		
ENTA		REMAINING AFTER AMENDMENT			MUMB PREVIO PAID F		Y EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 10	\bigcirc	Minus	-6	0	- /		X\$ 9=	1	OR	X\$18=		
M	Independent	·	U 0 5 5 5	Minus		<u>3</u> .	• /_		X43=	7	OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT GRAM									17	OR	+290=	1	
										/	OR	TOTAL		
	(Column 1) (Column 2) (Column 3)								ADDIT, FEE					
AMENDMENT B	15/05	REMA	AMS MINDIG FTER VEHENT		HIGHE HUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL: FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	0	Miraes	- 2	02	.0		X\$ 9=		ОЯ	X\$18=		
	Independent	• /	10510	Minus on 2		3	•0		X43•		OR	X86-		
ٺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
											OR	TOTAL		
		(Colui	mn 11		(Colum	m 21	(Cotumn 3)		DOIT, FEE	•	JO. 1	NDOIT. FEE		
O	•	ax	MS	-	HIGHE	ST		1		ADDI-	ſſ		ADOI-	
NDMENTC		REMA AFT AMENO	ER		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	· 10		Minus .	-20		• 0	Γ	X\$ 9=	/	OR	X\$18=		
AMEN	Independent	• /		Minus	-3		• 0	H	X43=	/-		X86=	/	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	~~~	/	OR	√00=	/	
• e1	the entry in colum		L	+145-	/ '	OR	+290=							
~ #	the "Highest Nun the "Highest Nun	iber Previ	ously Pak	s For' IN TH	IS SPACE IS	locs than	20. enter "20."	AC	TOTAL DOIT, FEE	<u></u>	OR	TOTAL ODIT, FEE		
1	he Highest Numb	er Previo	usty Paid	For (Total o	v Independen	a) is the	ighesi number	foun	d in the app	rocriste box	in colu	mn I.	. 1	

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Application or Docket Number.

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